TOWN OF HILLSVILLE

P.O. Box 545
410 N. Main St.
Hillsville, Virginia 24343

Website: www.townofhillsville.com
E-mail: hillsville@tcia.net

Telephone: 276-728-2128
Fax: 276-728-9371

April 29, 2011

Mr. Fred M. Wyatt

Environmental Engineer Senior

Department of Environmental Quality

P.O. Box 1688

355 Deadmore Street

Abingdon, VA 24212-1688

RE: VPDES Permit Reissuance Application for the Hillsville Wastewater Treatment Plant, VPDES Permit No. VA0089443

Dear Mr. Wyatt:

Attached are the corrected pages and Town Manager's signature required for our VPDES Permit Reissuance Application. I will also e-mail you a copy including the corrected information. If anything else is needed please let me know. Thank you for all of your assistance.

Sincerely,

Darrick Mayes

Darrick Mayes

Utilities Director

Wyatt, Frederick (DEQ)

From: TOWN OF HILLSVILLE [hillsvilleutilities@centurylink.net]
Sent: Thursday, April 28, 2011 2:50 PM
To: Wyatt, Frederick (DEQ)
Subject: VPDES Permit No. VA0089443
Attachments: FACILITY NAME AND PERMIT NUMBER.docx; sludgeapp.doc

Good afternoon Mr. Wyatt. Attached are the corrected permit application forms for the Hillsville Wastewater Treatment Plant, VPDES Permit NO. VA0089443. I am unable to e-mail page 2 of the Virginia DEQ No Exposure Certification for Exclusion from VPDES Storm Water Permitting form, a corrected hard copy however is being mailed. If anything further is needed please let me know and thank you for all of your help.

--

DARRICK MAYES
TOWN OF HILLSVILLE
UTILITIES DIRECTOR
hillsvilleutilities@centurylink.net

phone:276-728-5533
fax:276-728-9923

VPDES PERMIT APPLICATION ADDENDUM

1. **Entity to whom the permit is to be issued:** Town of Hillsville
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** (Y)/ N

3. **Provide the tax map parcel number for the land where the discharge is located.** 52 (A) 7

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next fine years due to new construction activities?** n/a

5. **What is the design average effluent flow of this facility?** 1.25 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y /(N)
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
Domestic and non-domestic connections.

85 % of flow from domestic connections/sources
Number of private residences to be served by the treatment works: 2849

15 % of flow from non-domestic connections/sources

7. **Mode of discharge:** X Continuous ___ Intermittent ___ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
X Permanent stream, never dry
___ Intermittent stream, usually flowing, sometimes dry
___ Ephemeral stream, wet-weather flow, often dry
___ Effluent-dependent stream, usually or always dry without effluent flow
___ Lake or pond at or below the discharge point
___ Other:

9. **Approval Date(s):**
O & M Manual 1/10/01 **Sludge/Solids Management Plan** 1/10/01

Have there been any changes in your operations or procedures since the above approval dates? Y /(N)

Received

JAN 20 2011

DEQ-SWRO

VIRGINIA DEQ NO EXPOSURE CERTIFICATION FOR EXCLUSION FROM VPDES STORM WATER PERMITTING

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. **Facility Owner Information**

   Name: Todd Jennings

   Mailing Address: 450 Cross Creek Road

   City: Hillsville State: VA Zip: 24343 Phone: 276-728-5533

2. **Facility/Site Location Information**

   Facility Name: Town of Hillsville Wastewater Plant

   Address: 450 Cross Creek Road

   City: Hillsville State: VA Zip: 24343

   Latitude: 36°47'13" Longitude: 080° 44'52"

3. **Was the facility or site previously covered under a VPDES storm water permit?** Yes ☐ No ☑

   If "Yes", enter the VPDES permit number: _____

4. **SIC/Activity Codes:** Primary: 4952 Secondary (if applicable): N/A

5. **Total size of facility/site associated with industrial activity:** ≤ 4 acres

6. **Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☐ No ☑

   If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

   Less than one acre ☐ One to five acres ☐ More than five acres ☐

7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are <u>not</u> eligible for the No Exposure exclusion.**

		Yes	No
1.	Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	☐	☑
2.	Materials or residuals on the ground or in storm water inlets from spill/leaks	☐	☑
3.	Materials or products from past industrial activity	☐	☑
4.	Material handling equipment (except adequately maintained vehicles)	☐	☑
5.	Materials or products during loading/unloading or transporting activities	☐	☑
6.	Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	☐	☑
7.	Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	☐	☑
8.	Materials or products handled/stored on roads or railways owned or maintained by the discharger	☐	☑
9.	Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	☐	☑
10.	Application or disposal of process wastewater (unless otherwise permitted)	☐	☑
11.	Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	☐	☑

8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Larry South

Print Title: Town Manager

Signature: [signature]

Date: 4-26-11

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

FORM **2A** NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name	Hillsville Wastewater Treatment Plant
Mailing Address	P.O. Box 545 Hillsville, VA 24343
Contact Person	Darrick Mayes
Title	Utilities Director
Telephone Number	(276) 728-5533
Facility Address (not P.O. Box)	450 Cross Creek Road Hillsville, VA 24343

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name	N/A
Mailing Address	
Contact Person	
Title	
Telephone Number	( )

Is the applicant the owner or operator (or both) of the treatment works?

☐ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☐ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0089443	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Hillsville	2849	separate	municipal

Total population served 2849

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 1.25 mgd

		Two Years Ago	Last Year	This Year
b.	Annual average daily flow rate	.431	.463	.379
c.	Maximum daily flow rate	.964	1.316	1.234

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer 0 %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter Name **N/A**

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number ( ) _____

For each treatment works that receives this discharge, provide the following:

Name **N/A**

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number ( ) _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility: _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: **001**

b. Location: **Hillsville** (City or town, if applicable) **24343** (Zip Code)

Carroll (County) **VA** (State)

36 47'13" (Lattitutde) **80 44' 52"** (Longitude)

c. Distance from shore (if applicable): **N/A** ft.

d. Depth below surface (if applicable): **N/A** ft.

e. Average daily flow rate: **N/A** mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number f times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water: **Little Reed Island Creek**

b. Name of watershed (if known): **VA5-N15R**

United States Soil Conservation Service 14-digit watershed code (if known): **N/A**

c. Name of State Management/River Basin (if known): **New River**

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): **05050001**

d. Critical low flow of receiving stream (if applicable)
acute **N/A** cfs chronic **N/A** cfs

e. Total hardness of receiving stream at critical low flow (if applicable): **N/A** mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal	95	%
Design SS removal	95	%
Design P removal	N/A	%
Design N removal	100	%
Other _____	N/A	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

ultraviolet light

If disinfection is by chlorination is dechlorination used for this outfall? ☐ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: **001**

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.0	s.u.			
pH (Maximum)	7.5	s.u.			
Flow Rate	1.149	MGD	.428	MGD	31
Temperature (Winter)	10	c	6	c	31
Temperature (Summer)	23	c	21	c	31

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	CBOD5	7	mg/L	<5	mg/L	13	SM5210B	5mg/L
FECAL COLIFORM		156	N/CML	18.2	N/CML	13	EPA 1603	1N/CML
TOTAL SUSPENDED SOLIDS (TSS)		33	mg/L	11.2	mg/L	13	SM2540D	1 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. **Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.**

cannot measure gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

see above

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: ( ) _____

Responsibilities of Contractor: _____

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

N/A

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: N/A

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	<10	mg/L	<10	mg/L	15	SM4500-NH3F	10 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	N/A						
DISSOLVED OXYGEN	12.7	mg/L	9.5	mg/L	31	SM4500-OG	.1 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	.84	mg/L	.68	mg/L	3	SM18 4500-NorgC	.1 mg/L
NITRATE PLUS NITRITE NITROGEN	12.14	mg/L	8.4	mg/L	3	SM18 4500-NO3E	.1 mg/L
OIL and GREASE	<1.0	mg/L	<1.0	mg/L	3	EPA 1644 A	1.0 mg/L
PHOSPHORUS (Total)	.36	mg/L	.22	mg/L	3	SM18 4500-PE	.1 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	558	mg/L	459.3	mg/L	3	SM18 2540C	.1 mg/L
OTHER	N/A						

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Hillsville WWTP VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☐ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Larry South Town Manager

Signature: [signature]

Telephone number: (276) 728-2128

Date signed: 4-26-11

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<.010	mg/L							3	EPA200.7	.010
ARSENIC	<.010	mg/L							3	EPA200.7	.010
BERYLLIUM	<.001	mg/L							3	EPA200.7	.001
CADMIUM	<.002	mg/L							3	EPA200.7	.002
CHROMIUM	<.005	mg/L							3	EPA200.7	.002
COPPER	.014	mg/L			.012	mg/L			3	EPA200.7	.005
LEAD	<.006	mg/L							3	EPA200.7	.006
MERCURY	<.0002	mg/L							3	EPA245.1	.0002
NICKEL	.008	mg/L			.006	mg/L			3	EPA200.7	.005
SELENIUM	<.01	mg/L							3	EPA200.7	.010
SILVER	<.005	mg/L							3	EPA200.7	.005
THALLIUM	<.02	mg/L							3	EPA200.7	.02
ZINC	.061	mg/L			.049	mg/L			3	EPA200.7	.005
CYANIDE	<.005	mg/L							3	EPA335.2	.005
TOTAL PHENOLIC COMPOUNDS	.07	mg/L			.041	mg/L			3	EPA420.1	.005
HARDNESS (AS CaCO3)	174	mg/L			153	mg/L			3	EPA130.2	1
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN	<100.0	ug/L							3	EPA624	100.0
ACRYLONITRILE	<100.0	ug/L							3	EPA624	100.0
BENZENE	<4.4	ug/L							3	EPA624	4.4
BROMOFORM	<4.7	ug/L							3	EPA624	4.7
CARBON TETRACHLORIDE	<2.8	ug/L							3	EPA624	2.8
COLORBENZENE	<6.0	ug/L							3	EPA624	6.0
CHLOROBIDBROMO-METHANE	<2.2	ug/L							3	EPA624	2.2
CHLOROETHANE	<10.0	ug/L							3	EPA624	10.0
2-CHLORO-ETHYLVINYL ETHER	<10.0	ug/L							3	EPA624	10.0
CHOLOROFORM	<1.6	ug/L							3	EPA624	1.6
DICHLOROBROMO-METHANE	<3.1	ug/L							3	EPA624	3.1
1,1-DICHLOROETHANE	<4.7	ug/L							3	EPA624	4.7
TRANS-1,2-DICHLORO-ETHYLENE	<1.6	ug/L							3	EPA624	1.6
1,1-DICHLOROPROPANE	<5	ug/L							3	EPA624	5
ETHYLBENZENE	<7.2	ug/L							3	EPA624	7.2
METHYL BROMIDE	<10	ug/L							3	EPA624	10.0
METHYL CHLORIDE	<2.8	ug/L							3	EPA624	2.8
METHYLENE CHLORIDE	<2.8	ug/L							3	EPA624	2.8
1,1,2,2-TETRACHLORO-ETHANE	<6.9	ug/L							3	EPA624	6.9
TETRACHLORO-ETHYLENE	<4.1	ug/L							3	EPA624	4.1
TOLUENE	<6.0	ug/L							3	EPA624	6.0

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<3.8	ug/L							3	EPA624	3.8
1,1,2-TRICHLOROETHANE	<5	ug/L							3	EPA624	5
TRICHLOROETHYLENE	<1.9	ug/L							3	EPA624	1.9
VINYL CHLORIDE	<10	ug/L							3	EPA624	10
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	<10	ug/L							3	EPA625	10
2-CHLOROPHENOL	<5	ug/L							3	EPA625	10
2,4-DIMETHYLPHENOL	<5	ug/L							3	EPA625	10
4,6-DINITRO-O-CRESOL	<24	ug/L							3	EPA625	10
2,4-DINITROPHENOL	<42	ug/L							3	EPA625	10
2-NITROPHENOL	<5	ug/L							3	EPA625	10
4-NITROPHENOL	<5	ug/L							3	EPA625	10
PENTA CHLOROPHENOL	<5	ug/L							3	EPA625	20
PHENOL	<5	ug/L							3	EPA625	10
2,4,6-TRICHLORO PHENOL	<5	ug/L							3	EPA625	10
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											
BASE-NEUTRAL COMPOUNDS											
ACENAPHTHENE	<5	ug/L							3	EPA625	10
ACENAPHTYLENE	<5	ug/L							3	EPA625	10
ANTHRACENE	<5	ug/L							3	EPA625	10
BENZIDINE	<4	ug/L							3	EPA625	10
BENZO(A) ANTHRACENE	<7.8	ug/L							3	EPA625	10
BENZO(A)PYRENE	<5	ug/L							3	EPA625	10

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Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<5	ug/L							3	EPA625	10
BENZO(GHI)PERYL ENE	<5	ug/L							3	EPA625	10
BENZO(K)FLUORA NTHENE	<5	ug/L							3	EPA625	10
BIS (2-CHLORO ETHOXY) METHANE	<5.3	ug/L							3	EPA625	10
BIS (2-CHLOROETHYL)-ETHER	<5.7	ug/L							3	EPA625	10
BIS (2-CHLOROISO-PROPYL) ETHER	<5.7	ug/L							3	EPA625	10
BIS (2-ETHYLHEXYL) PHTHALATE	<5	ug/L							3	EPA625	10
4-BROMOPHENYL PHENYL ETHER	<5	ug/L							3	EPA625	10
BUTYL BENZYL PHTHALATE	<5	ug/L							3	EPA625	10
2-CHLORO NAPHTHALENE	<5	ug/L							3	EPA625	10
4-CHLORPHENYL PHENYL ETHER	<5	ug/L							3	EPA625	10
CHRYSENE	<5	ug/L							3	EPA625	10
DI-N-BUTYL PHTHALATE	<5	ug/L							3	EPA625	10
DI-N-OCTYL PHTHALATE	<5	ug/L							3	EPA625	10
DIBENZO(A,H) ANTHRACENE	<5	ug/L							3	EPA625	10
1,2-DICHLORO BENZENE	<5	ug/L							1	EPA625	10
1,3-DICHLORO BENZENE	<5	ug/L							1	EPA625	10
1,4-DICHLORO BENZENE	<5	ug/L							1	EPA625	10
3,3-DICHLORO BENZIDINE	<16.5	ug/L							3	EPA625	10
DIETHYL PHTHALATE	<5	ug/L							3	EPA625	10
DIMETHYL PHTHALATE	<5	ug/L							3	EPA625	10
2,4-DINITROTOLUENE	<5.7	ug/L							3	EPA625	10
2,6-DINITROTOLUENE	<5	ug/L							3	EPA625	10
1,2-DIPHENYLHYDRAZINE	<10	ug/L							3	EPA625	10

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Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<5	ug/L							3	EPA625	10
FLUORENE	<5	ug/L							3	EPA625	10
HEXACHLORO BENZENE	<5	ug/L							3	EPA625	10
HEXACHLOROBUT ADIENE	<5	ug/L							3	EPA625	10
HEXACHLOROCYCLO-PENTADIENE	<10	ug/L							3	EPA625	10
HEXA CHLOROETHANE	<5	ug/L							3	EPA625	10
INDENO(1,2,3-CD) PYRENE	<5	ug/L							3	EPA625	10
ISOPHORONE	<5	ug/L							3	EPA625	10
NAPHTHALENE	<5	ug/L							3	EPA625	10
NITROBENZENE	<5	ug/L							3	EPA625	10
N-NITROSODI-N-PROPYLAMINE	<10	ug/L							3	EPA625	10
N-NITROSODI-METHYLAMINE	<10	ug/L							3	EPA625	10
N-NITROSODI-PHENYLAMINE	<5	ug/L							3	EPA625	10
PHENANTHRENE	<5.4	ug/L							3	EPA625	10
PYRENE	<5	ug/L							3	EPA625	10
1,2,4-TRICHLOROBENZENE	<5	ug/L							3	EPA625	10
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☒ chronic ☐ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number: _____	Test number: _____	Test number: _____
a. Test information.			
Test Species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.			
Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

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	Test number: N/A	Test number:	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?	/ /	/ /	/ /
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☒ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: / / (MM/DD/YYYY)

Summary of results: (see instructions)

Results of the scheduled biomonitoring prove an absence of toxicity.

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA,CERCLA, or other remedial wastes must complete part F.

GENERAL INFORMATION:

F.1. Pretreatment program. Does the treatment works have, or is subject ot, an approved pretreatment program?

☐ Yes ☒ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. N/A

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: N/A

Mailing Address: _____

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

N/A

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): N/A

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

N/A gpd (_____ continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

N/A

F.8. **Problems at the Treatment Works Attributed to Waste Discharge by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No If yes, describe each episode.

N/A

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

☐ Yes ☒ **No (go to F.12)**

F.10 **Waste transport.** Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11 **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12 **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

F.13 **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is excepted to originate in the next five years).

F.14 **Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

F.15 **Waste Treatment.**

a. Is this waste treated (or will be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Hillsville Wastewater Treatment Plant VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.

a. Location of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3 Description of Outfall.

a. Outfall number N/A

b. Location _____ (city or town, if applicable) _____ (Zip Code)

_____ (County) _____ (State)

_____ (Latitude) _____ (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency

☐ CSO flow volume ☐ Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

N/A events (☐ actual or ☐ approx.)

b. Give the average duration per CSO event.

_____ hours (☐ actual or ☐ approx.)

c. Give the average volume per CSO event.

_____ million gallons (☐ actual or ☐ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year

_____ Inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: N/A

b. Name of watershed/river/stream system: _____

United State Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

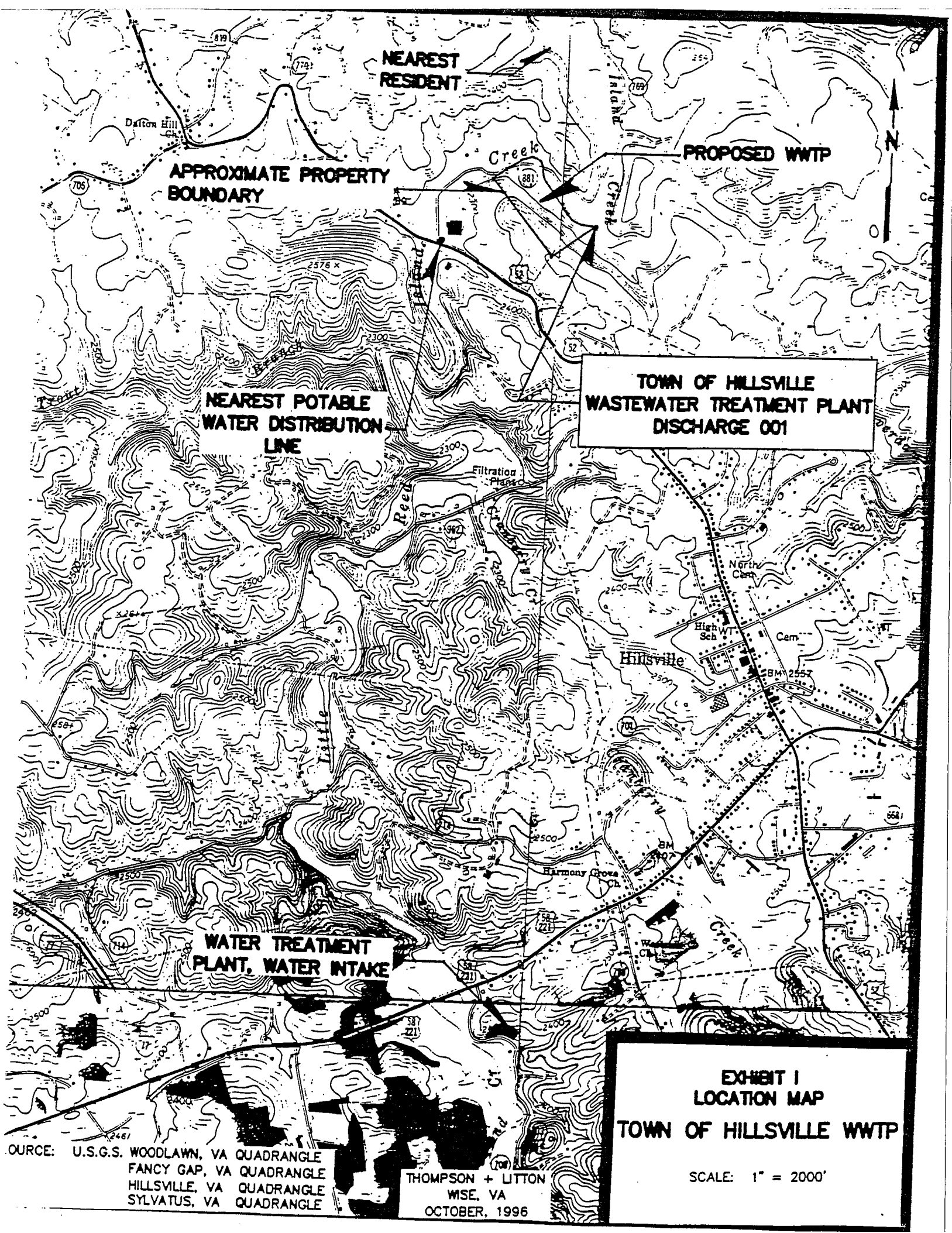
G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

N/A

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.



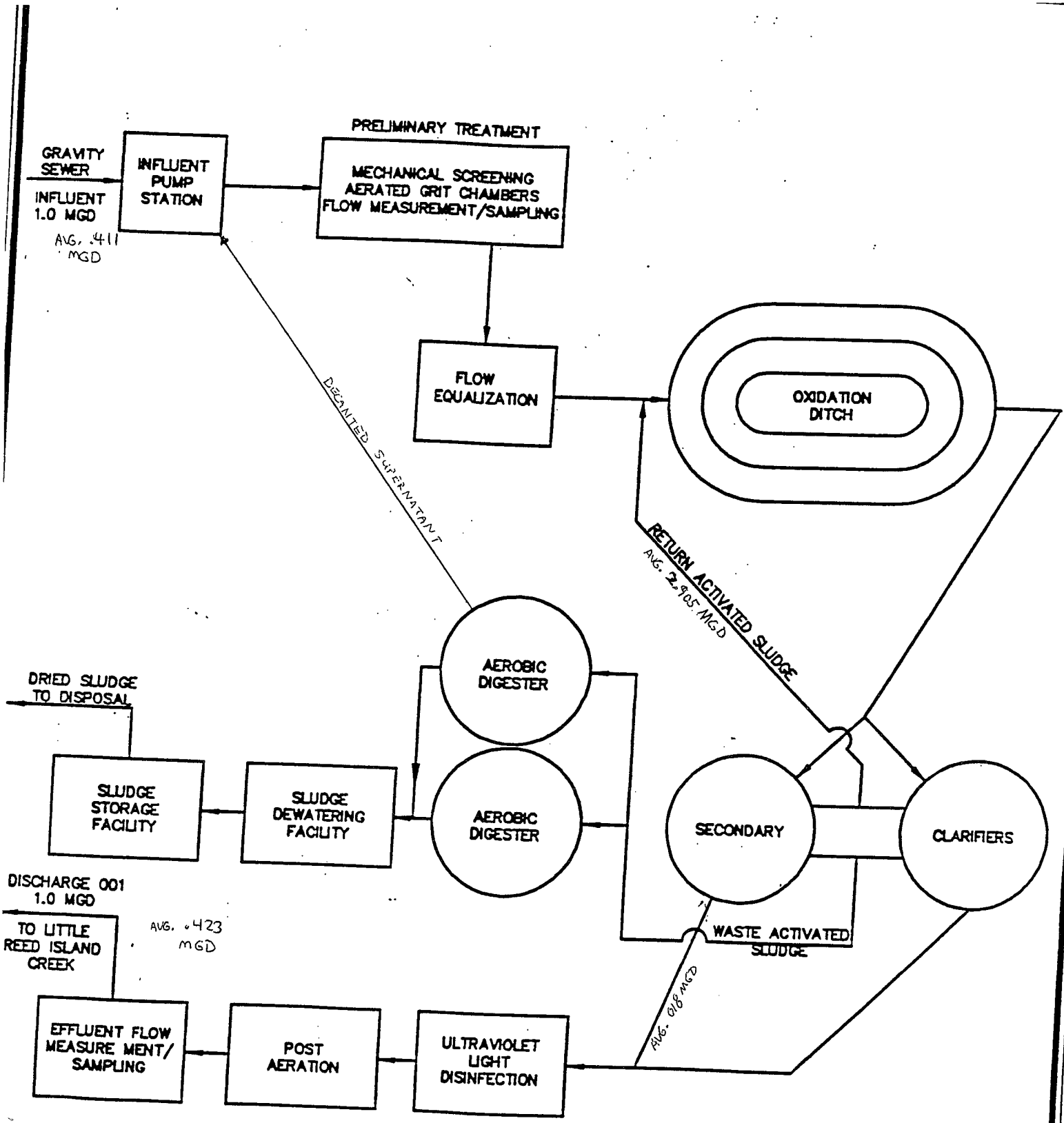
SOURCE: U.S.G.S. WOODLAWN, VA QUADRANGLE
FANCY GAP, VA QUADRANGLE
HILLSVILLE, VA QUADRANGLE
SYLVATUS, VA QUADRANGLE

THOMPSON + LITTON
WISE, VA
OCTOBER, 1996

EXHIBIT I
LOCATION MAP

TOWN OF HILLSVILLE WWTP

SCALE: 1" = 2000'



HEMATIC OF WASTEWATER FLOW
WN OF HILLSVILLE WASTEWATER TREATMENT PLANT
LSVILLE, VIRGINIA
CHARGE SERIAL NO. 001

CSC	SCALE N.T.S.	PREPARED FOR EXHIBIT II TOWN OF HILLSVILLE WWTP	Thompson + Litton	SHEET
JAG	DATE APRIL 1996		
4-03			

Client: Environmental Management Services, Inc.
Project ID: EMSI0701
Client Sample ID: Hillsville WWTP Outfall 001
Permit No: VA0089443
Sample Period: 7/30/07 to 8/2/07

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Mr. Michael Johnson Environmental Management Services, Inc. P.O. Box 784 Wytheville, VA 24382	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia EPA 1002.0	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
	Reproduction	100	>100	>100	41	1.00	>100	N/A	N/A	N/A
P. promelas EPA 1000.0	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
	Biomass	9	18	12.73	37	11.11	4.2	N/A	N/A	N/A

*Note: Replicate-specific, sporadic mortality in effluent treatments, but not controls, high PMSD, and nonmonotonic dose-response suggests the presence of a fish pathogen, as opposed to chemical toxicants, as the cause of fish mortality. Lack of effect in the concurrent chronic *Ceriodaphnia* test supports this conclusion. Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	4.5	9	18	36	100
C. dubia EPA 1002.0	Survival (%):	100	70	100	100	90	100
	Repro (# young):	17.3	16.5	19.2	17.8	17.5	17.7
P. promelas EPA 1000.0	Survival (%):	95	75	83	50	63	85
	Biomass (mg):	0.651	0.461	0.490	0.278	0.371	0.512

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 1002.0	7/31/07 1145 8/6/07 1400	CBI Stock	7/30/07 1640 7/30/07 2200	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 1000.0	7/31/07 1205 8/7/07 1110	CBI Stock	7/30/07 1500 7/31/07 0830	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Chronic Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	4	0.6	N/A	N/A
Use Temperature (°C)	25	0.8	25	0
Conductivity (µS/cm)	869	79	292	6.1
pH (S.U.)	7.53	0.12	7.69	0.05
Dissolved Oxygen (mg/l)	8.2	0	8.2	0
Total Hardness (mg/l as $CaCO_3$)	163	4.2	98	2.7
Alkalinity (mg/l as $CaCO_3$)	87	9.3	63	2.4
Total Residual Chlorine (mg/l)	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH_3-N)	<1.0	0	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater made with ASTM Type I deionized water

EPA Laboratory ID: VA01116

Client: Environmental Management Services, Inc.
Project ID: EMSI0801
Client Sample ID: Hillsville WWTP Outfall 001
Permit No: VA0089443
Sample Period: 8/18/08 to 8/21/08

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Mr. Mychel Johnson Environmental Management Services, Inc. P.O. Box 784 Wytheville, VA 24382	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	24	1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	28	1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	4.5	9	18	36	100
C. dubia EPA 1002.0	Survival (%):	100	100	100	100	100	100
	Repro (# young):	24.9	24.0	24.2	19.5	23.2	19.0
P. promelas EPA 1000.0	Survival (%):	100	98	100	83	75	88
	Biomass (mg):	0.669	0.619	0.608	0.553	0.528	0.541

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia	8/19/08 1450	CBI	8/18/08 1600		Mod. Hard	
EPA 1002.0	8/25/08 1700	Stock	8/18/08 2200	25° C	Syn. FW	No
P. promelas	8/19/08 1405	CBI	8/18/08 1600		Mod. Hard	
EPA 1000.0	8/26/08 1445	Stock	8/19/08 0830	25° C	Syn. FW	No

Sample/Dilution Water Data	Chronic Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	5	1.0	N/A	N/A
Use Temperature (°C)	25	0.7	25	0
Conductivity (µS/cm)	954	51	295	3.2
pH (S.U.)	7.71	0.17	7.78	0.05
Dissolved Oxygen (mg/l)	8.2	0.1	8.2	0
Total Hardness (mg/l as $CaCO_3$)	190	8.7	95	5.4
Alkalinity (mg/l as $CaCO_3$)	93	6.4	59	2.9
Total Residual Chlorine (mg/l)	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH_3-N)	<1.0	0	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater made with ASTM Type I deionized water

EPA Laboratory ID: VA01116

Client: Environmental Management Services, Inc.
Project ID: EMSI0901
Client Sample ID: Hillsville WWTP Outfall 001
Permit No: VA0089443
Sample Period: 10/26/09 to 10/29/09

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Mr. Michael Johnson Environmental Management Services, Inc. P.O. Box 784 Wytheville, VA 24382	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	17	1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	19	1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	4.50	9.00	18.0	36.0	100
C. dubia EPA 1002.0	Survival (%):	100	100	100	100	100	100
	Repro (# young):	27.1	26.2	26.8	22.9	28.3	27.6
P. promelas EPA 1000.0	Survival (%):	95	100	98	98	98	100
	Biomass (mg):	0.759	0.735	0.703	0.696	0.717	0.719

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia	10/27/09 1515	CBI	10/26/09 1625		Mod. Hard	
EPA 1002.0	11/2/09 1700	Stock	10/26/09 2200	25° C	Syn. FW	No
P. promelas	10/27/09 1600	CBI	10/26/09 1615		Mod. Hard	
EPA 1000.0	11/3/09 1525	Stock	10/27/09 0845	25° C	Syn. FW	No

Sample/Dilution Water Data	Chronic Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	3	0.6	N/A	N/A
Use Temperature (°C)	25	0.5	25	0
Conductivity (µS/cm)	1081	56	299	1.8
pH (S.U.)	7.43	0.13	7.73	0.06
Dissolved Oxygen (mg/l)	8.1	0.2	8.2	0
Total Hardness (mg/l as $CaCO_3$)	197	22	89	7.8
Alkalinity (mg/l as $CaCO_3$)	86	5.9	58	1.0
Total Residual Chlorine (mg/l)	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH_3-N)	<1.0	0	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

EPA Laboratory ID: VA01116

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Town of Hillsville

Prepared by: Jessica Palazzolo

NPDES Permit #: VA0089443

Experiment ID#: HILL080310-2

Test Organism: *Ceriodaphnia dubia*

Test Type: Short Term Chronic

Organism Age at Start of Test: < 24h

Sample Tested: Outfall 001

Sample Type: 24 Hour Composite

Sample Collection Dates and Times:

From 08/01/10 @ 0800 to 08/02/10 @ 0800;
From 08/03/10 @ 0800 to 08/04/10 @ 0800;
From 08/05/10 @ 0800 to 08/06/10 @ 0800.

Sample Collector: Autosampler

Delivered by: Hand

Test Solution Renewal Frequency: Daily

Dilution Water Used: MHRW 072910

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 10

No. of Organisms per Replicate: 1

Feeding prior to test: None

Feeding Regime: 0.1mL YCT & 0.1mL algae, 1 x Daily

Chamber Size: 30 mL PE

Test Volume: 15 mL

Photo Period: 16h light/8h dark

Test Duration: 8 Days

Start of Test: Date: 08/03/10

Time: 1440

End of Test: Date: 08/11/10

Time: 1344

Equipment:

pH Meter: Hanna 9025
DO Meter: YSI 58 A
SCT Meter: Hanna 991300g
°C Measurement: Calibrated Thermometer

Test Method Reference: U.S. EPA. 2002. Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms. EPA-821-R-02-013.

BIOLOGICAL MONITORING, INC.
Toxicity Test Condition Summary

Client: Town of Hillsville

Prepared by: Jessica Palazzolo

NPDES Permit #: VA0089443

Experiment ID#: HILL080310-1

Test Organism: *Pimephales promelas*

Test Type: Short-term Chronic

Organism Age at Start of Test: <24h

Sample Tested: Outfall 001

Sample Type: 24 Hour Composite

Sample Collection Dates and Times:

From 08/01/10 @ 0800 to 08/02/10 @ 0800;
From 08/03/10 @ 0800 to 08/04/10 @ 0800;
From 08/05/10 @ 0800 to 08/06/10 @ 0800.

Sample Collector: Autosampler

Delivered by: Hand

Test Solution Renewal Frequency: Daily

Dilution Water Used: MHRW 072910

Test Temperature: 25 ± 1°C

No. of Replicates per conc.: 4

No. of Organisms per Replicate: 10

Feeding prior to test: None

Feeding Regime: 0.1 mL live rinsed artemia, 2x daily

Chamber Size: 500 mL PP

Test Volume: 300 mL

Photo Period: 16h light/8h dark

Test Duration: 7 d

Start of Test: Date: 08/03/10

Time: 1514

End of Test: Date: 08/10/10

Time: 1603

Equipment:

pH Meter: Hanna 9025
DO Meter: YSI 58 A
SCT Meter: Hanna 991300g
°C Measurement: Calibrated Thermometer

Test Method Reference: U.S. EPA. 2002. Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms. EPA-821-R-02-013.

FACILITY NAME: Hillsville Wastewater Plant VPDES PERMIT NUMBER: VA0089443

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? X Yes __No

   Will this facility derive a material from sewage sludge? __Yes X No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes X No

   Will sewage sludge from this facility be applied to the land? __Yes X No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following threequestions N/A

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes X No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Town of Hillsville Wastewater Treatment Plant
   b. Contact person: Darrick Mayes
      Title: Utilities Director
      Phone: (276) 728-5533
   c. Mailing address:
      Street or P.O. Box: P.O. Box 545
      City or Town: Hillsville State: VA Zip: 24343
   d. Facility location:
      Street or Route #: 450 Cross Creek Road
      County: Carroll
      City or Town: Hillsville State: VA Zip: 24343
   e. Is this facility a Class I sludge management facility? _X_ Yes __ No
   f. Facility design flow rate: 1.25 mgd
   g. Total population served: 2849
   h. Indicate the type of facility:
      _x_ Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following: N/A
   a. Applicant name:
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _____owner _____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0089443
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge managementpractices N/A

Permit Number:	Type of Permit:

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes _X_No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility: (See attachment)
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwiseknown to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. (See attachment)

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes _x_No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name:
   Mailing address:
   Street or P.O. Box:
   City or Town: _____ State: _____ Zip:
   Phone: ( )
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.(SEE ATTACHMENT)

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	N/A			
Cadmium	N/A			
Chromium	48	8-31-10	18thSM3030E/31200	3.9 mg/kg dry solids
Copper	N/A			
Lead	N/A			
Mercury	N/A			
Molybdenum	38	8-31-10	18thSM3030E/31200	3.9 mg/kg dry solids
Nickel	N/A			
Selenium	N/A			
Zinc	N/A			

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

   _X__ Section A (General Information)
   _X__Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
   ____Section C (Land Application of Bulk Sewage Sludge)
   ____Section D (Surface Disposal)

FACILITY NAME: Hillsville WWTP **VPDES PERMIT NUMBER:** VA0089443

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Larry South, Town Manager

Signature  Date Signed 04/25/11

Telephone number 276-728-2128

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Hillsville Wastewater Plant VPDES PERMIT NUMBER: VA0089443

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 52.6 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary(n/a)
   a. Facility name:
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      ___Class A ___Class B X___Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: N/A

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      _X_ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      ___ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: aerobic process. 38% volatile reduction.

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N/A

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). N/A
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

__Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.) N/A

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending. N/A

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name:

b. Facility contact:
Title:
Phone: ( )

c. Mailing address:
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	
_____	

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes ___No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
__Class A __Class B __Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ___Yes ___No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
___Yes ___No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

to comply with the "notice and necessary information" requirement of 9 VAC 2531-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give away for application to the land? ___Yes ___No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ___ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. Land Application of Bulk Sewage Sludge. N/A

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Site Owner ___Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surfacedisposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	
_____	

9. Incineration. N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewagesludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	
_____	

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Carroll-Grayson-Galax Solid Waste Authority

b. Contact person: C.M. Mitchell
Title: Chairman
Phone: (276) 728-4907
Contact is: _x_ Landfill Owner ___Landfill Operator

c. Mailing address.
Street or P.O. Box:
City or Town: Hillsville State: VA Zip: 24343

d. Landfill location.
Street or Route #: 162 Landfill Road
County: Carroll
City or Town: Hillsville State: VA Zip: 24343

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
52.6 dry metric tons

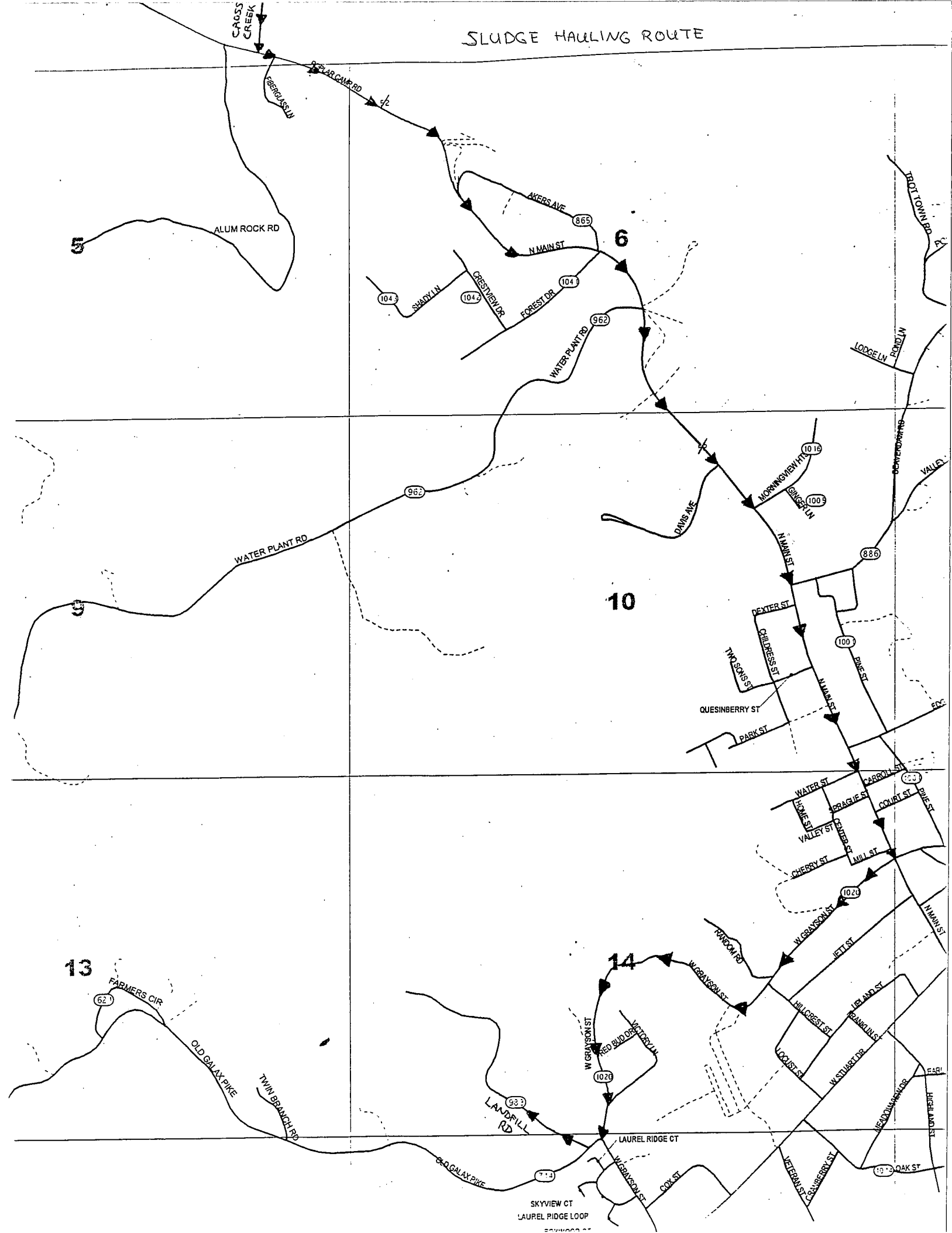
f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
508	Landfill Operation Permit

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
_x_ Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _x_ Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solidwaste landfill be watertight and covered? _x__ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. (SEE ATTACHMENT) Monday-Friday 9am-11am; 1pm-3pm


SLUDGE HAULING ROUTE
CAGGS CREEK
POPLAR CAMP RD
FIBERGLASS LN
ALUM ROCK RD
AKERS AVE
865
N MAIN ST
6
TROT TOWN RD
SHADY LN
CRESTVIEW DR
FOREST DR
1041
1042
1043
WATER PLANT RD
962
LODGE LN
POND LN
BEAVER DAM RD
VALLEY
MORNINGVIEW HTS
1016
GINGER LN
1005
DAVIS AVE
886
10
DEXTER ST
CHILDRESS ST
TWO SONS ST
1001
PINE ST
QUESINBERRY ST
PARK ST
CARROLL ST
WATER ST
HOME ST
SPRAGUE ST
COURT ST
VALLEY ST
CENTER ST
MILL ST
CHERRY ST
1024
W GRAYSON ST
RANDOM RD
JETT ST
13
14
FARMERS CIR
627
OLD GALAX PIKE
TWIN BRANCH RD
W GRAYSON ST
RED BUD DR
VICTORY LN
1020
HILLCREST ST
HIGHLAND ST
FRANKLIN ST
LOCUST ST
W STUART DR
MEADOWMARSH DR
LANDFILL RD
983
LAUREL RIDGE CT
W GRAYSON ST
COX ST
714
SKYVIEW CT
LAUREL RIDGE LOOP
VETERAN ST
CRANBERRY ST
OAK ST

Carroll/Grayson/Galax Solid Waste Authority
P.O. Box 1837
Hillsville, VA 24343
Phone: (276) 728-4907 Fax: (276) 728-7453

January 13, 2011

Mr Larry South
Town Manager
Town of Hillsville
Hillsville, VA 24343

Dear Mr. South:

The Carroll-Grayson-Galax Solid Waste Authority will continue to accept sludge from the Town of Hillsville's Waste Water Treatment Plant.

Sincerely,

Kenneth E. Reece
Landfill Manager

EMS, Inc.
Environmental Management Services
Laboratory Services - Plant Operations - Consultants
P.O. Box 784 Wytheville, VA 24382
Phone (276) 228-6464 Fax (276) 228-2325
E-mail: emslab@wiredog.com

Sample No.: 07-1581 **Report Date: 08-27-07**

CHAIN OF CUSTODY INFORMATION

Client: Town of Hillsville

Attention: Todd Jennings

Sample Source: WWTP **Description:** Sludge

Date/Time Collected: 08-01-07/0935 **Collected By:** Todd Jennings

Delivered To Laboratory By: Neal Roberts **Received By:** Gary M. Johnson

Date/Time Received At Laboratory: 08-02-07/0940 **Preservation:** Cold (3.0°C)

ANALYTICAL DATA

Parameter	Result	Method	Date/Time Analysis Started	Analyst
pH, units	5.7	EPA 150.1	08-02-07/1615	G.M. Johnson
% Solids	11.9	EPA 160.3	08-02-07/1620	G.M. Johnson
% Water	88.1	EPA 160.3	08-02-07/1620	G.M. Johnson
% Organic	62.4	EPA 160.4	08-02-07/1620	G.M. Johnson
Total Coliform, MPN / 100 g Dry Solids	1.34×10^7	18th SM 9221B/C	08-02-07/1500	G.M. Johnson
Fecal Coliform, MPN / 100 g Dry Solids	4.2×10^5	18th SM 9221B/C/E1	08-02-07/1500	G.M. Johnson
The following results are reported in mg/Kg on a dry weight basis.				
Alkalinity	4,000	EPA 310.1	08-27-07/1215	G.L. Johnson
Chloride	1,712	EPA 325.3	08-27-07/1200	G.L. Johnson
TKN	36,200	18th SM 4500-NorgC	08-27-07/1155	G.L. Johnson
Phosphorus	30,583	18th SM 4500P E	08-14-07/1600	SC*
Nitrate	356.5	18th SM 4500 NO_3 E	08-13-07/1700	SC*
Nitrite	<2.0	18th SM 4500 NO_2 B	08-13-07/1200	SC*
Potassium	2,402	18th SM 3030E/3120B	08-10-07/1400	SC*
Calcium	26,928	18th SM 3030E/3120B	08-10-07/1400	SC*
Magnesium	2,909	18th SM 3030E/3120B	08-10-07/1400	SC*
Manganese	1,571	18th SM 3030E/3120B	08-10-07/1400	SC*
Chromium	40.7	18th SM 3030E/3120B	08-10-07/1400	SC*
Molybdenum	<16.0	18th SM 3030E/3120B	08-10-07/1400	SC*

DEQ LAB I.D. NO. 000110 DCLS LAB I.D. NO. 00102 US EPA LAB CODE I.D. VA01164

EMS, Inc.
Environmental Management Services
Laboratory Services - Plant Operations - Consultants
P.O. Box 784 Wytheville, VA 24382
Phone (276) 228-6464 Fax (276) 228-2325
E-mail: emslab@wiredog.com

Sample No.: 07-1581

Report Date: 08-27-07

Parameter	Result	Method	Date/Time Analysis Started	Analyst
Chlorinated Hydrocarbons				
2-Chloronaphthalene	<2.74	SW846 8270C	08-13-07/1400	SC*
1,2-Dichlorobenzene	<2.74	SW846 8270C	08-13-07/1400	SC*
1,3-Dichlorobenzene	<2.74	SW846 8270C	08-13-07/1400	SC*
1,4-Dichlorobenzene	<2.74	SW846 8270C	08-13-07/1400	SC*
Hexachlorobenzene	<2.74	SW846 8270C	08-13-07/1400	SC*
Hexachlorobutadiene	<2.74	SW846 8270C	08-13-07/1400	SC*
Hexachlorocyclopentadiene	<2.74	SW846 8270C	08-13-07/1400	SC*
Hexachloroethane	<2.74	SW846 8270C	08-13-07/1400	SC*
1,2,4-Trichlorobenzene	<2.74	SW846 8270C	08-13-07/1400	SC*

Analysis Subcontracted

Gary M. Johnson

DEQ LAB I.D. NO. 000110

EMS, Inc.
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P.O. Box 784 Wytheville, VA 24382
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E-mail: emslab@wiredog.com

Sample No.: 08-2012 **Report Date: 08-26-08**

CHAIN OF CUSTODY INFORMATION

Client: Town of Hillsville

Attention: Todd Jennings

Sample Source: WWTP **Description:** Sludge

Date/Time Collected: 08-12-08/1300 **Collected By:** Gary L. Johnson

Delivered To Laboratory By: Gary L. Johnson **Received By:** Gary L. Johnson

Date/Time Received At Laboratory: 08-12-08/1400 **Preservation:** Cold (3.9°C)

ANALYTICAL DATA

Parameter	Result	Method	Date/Time Analysis Started	Analyst
pH, units	6.8	18th SM 4500-H^+B	08-12-08/1530	G.L. Johnson
% Solids	12.6	EPA 160.3	08-12-08/1645	G.M. Johnson
% Water	87.4	EPA 160.3	08-12-08/1645	G.M. Johnson
% Organic	55.7	EPA 160.4	08-12-08/1645	G.M. Johnson
Total Coliform, MPN / 100 g Dry Solids	1.27×10^7	18th SM 9221B/C	08-12-08/1625	G.M. Johnson
Fecal Coliform, MPN / 100 g Dry Solids	1.35×10^6	18th SM 9221B/C/E1	08-12-08/1625	G.M. Johnson
The following results are reported in mg/Kg on a dry weight basis.				
Alkalinity	30,700	EPA 310.1	08-12-08/1530	G.L. Johnson
Chloride	1,900	EPA 325.3	08-12-08/1540	G.L. Johnson
TKN	41,000	18th SM 4500-N_{org}C	08-12-08/1520	G.L. Johnson
Total Phosphorus	22,242	18th SM 4500P E	08-21-08	SC*
Nitrate	112.8	18th SM 4500 NO_3^-E	08-22-08	SC*
Nitrite	<0.8	18th SM 4500 NO_2^-B	08-22-08	SC*
Calcium	31,840	SW-846 3050/6010B	08-18-08	SC*
Chromium	38	SW-846 3050/6010B	08-18-08	SC*
Magnesium	3,960	SW-846 3050/6010B	08-18-08	SC*
Manganese	1,400	SW-846 3050/6010B	08-18-08	SC*
Molybdenum	<16	SW-846 3050/6010B	08-18-08	SC*
Potassium	3,208	SW-846 3050/6010B	08-18-08	SC*

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E-mail: emslab@wiredog.com

Sample No.: 08-2012 **Report Date: 08-26-08**

Parameter	Result	Method	Date/Time Analysis Started	Analyst
Chlorinated Hydrocarbons				
2-Chloronaphthalene	<21.92	SW-846 8270C	08-25-08	SC*
1,2-Dichlorobenzene	<21.92	SW-846 8270C	08-25-08	SC*
1,3-Dichlorobenzene	<21.92	SW-846 8270C	08-25-08	SC*
1,4-Dichlorobenzene	<21.92	SW-846 8270C	08-25-08	SC*
Hexachlorobenzene	<21.92	SW-846 8270C	08-25-08	SC*
Hexachlorobutadiene	<21.92	SW-846 8270C	08-25-08	SC*
Hexachlorocyclopentadiene	<21.92	SW-846 8270C	08-25-08	SC*
Hexachloroethane	<21.92	SW-846 8270C	08-25-08	SC*
1,2,4-Trichlorobenzene	<21.92	SW-846 8270C	08-25-08	SC*

*Analysis Subcontracted

By: Gary M. Johnson

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Sample No.: 09-3272 **Report Date: 11-16-09**

CHAIN OF CUSTODY INFORMATION

Client: Town of Hillsville

Attention: Todd Jennings

Sample Source: WWTP **Description:** Sludge

Date/Time Collected: 10-16-09/1330 **Collected By:** Todd Jennings

Delivered To Laboratory By: Gary L. Johnson **Received By:** Gary L. Johnson

Date/Time Received At Laboratory: 10-19-09/1700 **Preservation:** Cold (3.6°C)

ANALYTICAL DATA

Parameter	Result	Method	Date/Time Analysis Started	Analyst
pH, units	7.1	18th SM 4500-H^+B	11-09-09/1600	G.L. Johnson
% Solids	10.7	EPA 160.3	10-26-09/1315	G.M. Johnson
% Water	89.3	EPA 160.3	10-26-09/1315	G.M. Johnson
% Organic	56.5	EPA 160.4	10-26-09/1315	G.M. Johnson
Total Coliform, MPN / 100 g Dry Solids	1.5 X10^6	18th SM 9221B/C	10-26-09/1300	G.M. Johnson
Fecal Coliform, MPN / 100 g Dry Solids	4.67 X 10^5	18th SM 9221B/C/E1	10-26-09/1300	G.M. Johnson
The following results are reported in mg/Kg on a dry weight basis.				
Alkalinity	22,000	EPA 310.1	11-09-09/1600	G.L. Johnson
Chloride	1,300	EPA 325.3	11-09-09/1620	G.L. Johnson
TKN	43,900	18th SM 4500-N_{org}C	11-09-09/1550	G.L. Johnson
Total Phosphorus	236,445	18th SM 4500 P E	10-28-09	SC*
Nitrate	1,056.5	18th SM 4500 NO_3^-E	10-28-09	SC*
Nitrite	0.463	18th SM 4500 NO_2^-B	10-28-09	SC*
Calcium	27,037	SW-846 3050/6010B	10-28-09	SC*
Chromium	78	SW-846 3050/6010B	10-28-09	SC*
Magnesium	2,963	SW-846 3050/6010B	10-28-09	SC*
Manganese	2,583	SW-846 3050/6010B	10-28-09	SC*
Molybdenum	<463	SW-846 3050/6010B	10-28-09	SC*
Potassium	3,065	SW-846 3050/6010B	10-28-09	SC*

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E-mail: emslab@wiredog.com

Sample No.: 09-3272 **Report Date: 11-16-09**

Parameter	Result	Method	Date/Time Analysis Started	Analyst
Chlorinated Hydrocarbons				
2-Chloronaphthalene	<3.06	EPA 612	10-30-09	SC*
1,2-Dichlorobenzene	<3.06	EPA 612	10-30-09	SC*
1,3-Dichlorobenzene	<3.06	EPA 612	10-30-09	SC*
1,4-Dichlorobenzene	<3.06	EPA 612	10-30-09	SC*
Hexachlorobenzene	<3.06	EPA 612	10-30-09	SC*
Hexachlorobutadiene	<3.06	EPA 612	10-30-09	SC*
Hexachlorocyclopentadiene	<3.06	EPA 612	10-30-09	SC*
Hexachloroethane	<3.06	EPA 612	10-30-09	SC*
1,2,4-Trichlorobenzene	<3.06	EPA 612	10-30-09	SC*

*Analysis Subcontracted

By: Gary M. Johnson

DEQ LAB I.D. NO. 000110 DCLS LAB I.D. NO. 00102 US EPA LAB CODE I.D. VA01164

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E-mail: emslab@wiredog.com

Sample No.: 10-3413 **Report Date: 09-27-10**

CHAIN OF CUSTODY INFORMATION

Client: Town of Hillsville

Attention: Todd Jennings

Sample Source: WWTP **Description:** Sludge

Date/Time Collected: 08-31-10/0827 **Collected By:** Todd Jennings

Delivered To Laboratory By: Sara K. Glass **Received By:** Sara K. Glass

Date/Time Received At Laboratory: 08-31-10/1140 **Preservation:** On Ice

ANALYTICAL DATA

Parameter	Result	Method	Date/Time Analysis Started	Analyst
pH, units	6.9	18th SM 4500-H^+B	09-02-10/1745	G.L. Johnson
% Solids	10.5	18th SM 2540G	08-31-10/1835	G.M. Johnson
% Water	89.5	18th SM 2540G	08-31-10/1835	G.M. Johnson
% Organic	52.3	18th SM 2540G	08-31-10/1835	G.M. Johnson
Total Coliform, MPN / 100 g Dry Solids	1.52 X10^7	18th SM 9221B/C	08-31-10/1720	G.M. Johnson
Fecal Coliform, MPN / 100 g Dry Solids	1.24 X 10^6	18th SM 9221B/C/E1	08-31-10/1720	G.M. Johnson
The following results are reported in mg/Kg on a dry weight basis.				
Alkalinity	13,800	EPA 310.1	09-02-10/1745	G.L. Johnson
Chloride	1,980	EPA 325.3	09-02-10/1730	G.L. Johnson
TKN	31,000	18th SM 4500-N_{org}C	09-02-10/1025	G.L. Johnson
Total Phosphorus	251,470	18th SM 4500 P E	09-08-10	SC*
Nitrate	140	18th SM 4500 NO_3^-E	09-07-10	SC*
Nitrite	<95	18th SM 4500 NO_2^-B	09-07-10	SC*
Calcium	25,810	SW-846 3050/6010B	09-13-10	SC*
Chromium	48	SW-846 3050/6010B	09-13-10	SC*
Magnesium	3,867	SW-846 3050/6010B	09-13-10	SC*
Manganese	1,552	SW-846 3050/6010B	09-13-10	SC*
Molybdenum	38	SW-846 3050/6010B	09-13-10	SC*
Potassium	2,780	SW-846 3050/6010B	09-13-10	SC*

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Sample No.: 10-3413 **Report Date: 09-27-10**

Parameter	Result	Method	Date/Time Analysis Started	Analyst
Chlorinated Hydrocarbons				
2-Chloronaphthalene	<3.06	EPA 612	09-09-10	SC*
Hexachlorobenzene	<3.06	EPA 612	09-09-10	SC*
Hexachlorobutadiene	<3.06	EPA 612	09-09-10	SC*
Hexachlorocyclopentadiene	<3.06	EPA 612	09-09-10	SC*
Hexachloroethane	<3.06	EPA 612	09-09-10	SC*
1,2,4-Trichlorobenzene	<3.06	EPA 612	09-09-10	SC*

*Analysis Subcontracted

By: Gary M. Johnson